

TO: DIRECTOR, DEPARTMENT OF BUDGET AND FINANCE

Request is hereby made for approval of the following allotments:

DEPARTMENT Human Resources DevelopmentAPPROPRIATION SYMBOL C-06-191-P

X-XX-XXX-XX

APPROPRIATION TITLE AND ACT NO. OR LAW H.B. No. 100, H.D. 1, S.D. 1, C.D. 1,PROGRAM I.D. NO. AND TITLE HRD 191 - Supporting Services

SLH 2005

General

FUND

A

MEANS OF FINANCING

Sample 3

COMPTROLLER'S NO. _____ DATE _____

XXXXXXXX

MM/DD/YY

DEPT. NO. _____

ORIGINAL X OR AMENDMENT NO. _____

SIGNATURE _____

ALLOTMENT CATEGORY DESCRIPTION	APPROPRIATION	RESTRICTED	ALLOCATION FOR THIS FISCAL YEAR	ALLOTMENT FOR QUARTER JULY-SEPT	ALLOTMENT FOR QUARTER OCT-DEC	ALLOTMENT FOR QUARTER JAN-MAR	ALLOTMENT FOR QUARTER APR-JUNE	ESTIMATED BALANCE JUNE 30, 19__	R E V
10 - Personal Services	599,941		614,941	153,735	153,735	153,735	153,736		
Other Current Expenses	586,013		586,413	84,706	246,132	173,670	81,905		
Amdt - Transfer to Fin. Agrmt.			-17,000		-17,000				
Financing Agreements	28,000		28,000	7,000	7,000	7,000	7,000		
Amdt - Transfer to Fin. Agrmt.			17,000		5,666	5,666	5,668		
20 - Other Current Expenses	614,013		614,413	91,706	241,798	186,336	94,573		
	1,213,954		1,229,354	245,441	395,533	340,071	248,309		

ALLOTMENT ADVICE

TO THE HEAD OF THE DEPARTMENT NAMED ABOVE:

Please be advised that the following allotments have been approved.

Expenditures incurred during each allotment period must be restricted to the amounts approved.

DATE _____

DIRECTOR, DEPARTMENT OF BUDGET AND FINANCE
BY DIRECTION OF THE GOVERNOR

APPROPRIATION				ALLOTMENT	ALLOT CAT	1ST QUARTER AMOUNT		2ND QUARTER AMOUNT		3RD QUARTER AMOUNT		4TH QUARTER AMOUNT		ALLOTMENT REVERSIONS	
APPROPRIATION EST/ INCREASE		RESTRICTION INCREASE		ALLOT EST/ INCREASE		TC	XXXXXXX	XX	TC	XXXXXXX	XX	TC	XXXXXXX	XX	REVERSION DECREASE
TC	XXXXXXX	XX	TC	XXXXXXX	XX										TC
411			431			10	511		512			513			514
				ALLOT DECREASE		10	515		516			517			518
															593
APPROPRIATION DECREASE		RESTRICTION DECREASE		ALLOT EST/ INCREASE		20	511		512			513	5,666:00		514
TC	XXXXXXX	XX	TC	XXXXXXX	XX								5,668:00		518
412			432			20	515		516	-11,334:00		517			518
				ALLOT DECREASE											

INSTRUCTIONS: Prepare in triplicate and submit all copies to the Department of Budget and Finance.
State fully on the reverse side the necessity for requesting amended allotment. Requests for capital outlays must be itemized.STATE ACCOUNTING FORM A-19
OCTOBER 1, 1986 (REVISED)